

## Hopkins County-Madisonville Public Library - MEETING ROOM RESERVATION FORM

Please complete this application and return it to the Library. If mailing, send to Hopkins County-Madisonville Public Library, RESERVATIONS, 425 E Center St, Madisonville, KY 42431. If the application is incomplete or illegible, it will be returned to you unapproved. All reservations made in advance of application approval are tentative only. We must have an approved application on file before we can finalize a reservation. Applications must be submitted no more than seven days following reservation or the reservation will be cancelled.

### All Meetings Held in the Library's Meeting Rooms Must be Free and Open to the Public.

Today's Date: \_\_\_\_\_

Date of Meeting(s): \_\_\_\_\_

Meeting(s) Start Time: \_\_\_\_\_ Meeting(s) End Time: \_\_\_\_\_

***(All meetings must be within regular operating hours and must end a minimum of thirty (30) minutes prior to closing and the meeting room vacated by fifteen (15) minutes prior to closing.)***

Organization/Group Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ (DAY) \_\_\_\_\_ (EVENING)

E-mail: \_\_\_\_\_

Purpose of Organization/Group: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_

Target Audience: \_\_\_\_\_ Children \_\_\_\_\_ Teens \_\_\_\_\_ Adults \_\_\_\_\_ Seniors \_\_\_\_\_ All Ages

Would you like to request the use of any Library Audio-Visual equipment? \_\_\_\_\_

If yes, please specify type of equipment: \_\_\_\_\_

***(Note that A/V equipment is offered on a limited basis and not guaranteed.)***

Limited food and drink may be permitted upon special request to the Library Director (or designee). Would you like to request permission to serve food and/or beverages? \_\_\_\_\_ YES \_\_\_\_\_ NO

***(Note that alcoholic beverages are never permitted, nor are any open flames or heating elements.)***

If yes, please specify what food and/or beverages you plan to serve: \_\_\_\_\_

***(Please see reverse side for more required fields)***

\_\_\_\_\_ The meeting will be free and open to the public. **(This must be checked in order for your group to meet.)**

\_\_\_\_\_ I have read and will comply with the Library's *Meeting Room Policy and Guidelines*, including HCMPL's *Code of Conduct*. I understand that the Library may revoke permission for any entity to use any of its meeting rooms at the discretion of the Director or Assistant Director/Branch Librarian, or due to violation of established policies and procedures, including HCMPL's *Code of Conduct*.

\_\_\_\_\_ When finished, I will return the meeting room to the condition in which I found it.

\_\_\_\_\_ I agree to indemnify, defend and hold harmless Hopkins County-Madisonville Public Library, their trustees, employees and agents, from and against any and all claims, losses, damages, judgments, costs and expenses (including attorneys' fees and expenses) arising out of my use of the meeting room, including damage to or harm arising from my use of other areas of the premises in connection with my use of the room.

\_\_\_\_\_ I am signing on behalf of the following organization: \_\_\_\_\_

\_\_\_\_\_ I am signing on behalf of myself as an individual.

Signature of Meeting's Responsible Person: \_\_\_\_\_

**Submitting this form does not confirm your meeting. You will be contacted using the information you provided to confirm your meeting room reservation date and time.**

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**HCMPL Staff Use Only:**

Approved: \_\_\_\_\_ Disapproved, and reason: \_\_\_\_\_

Authorization for refreshments: \_\_\_\_\_

Authorization for A/V Equipment: \_\_\_\_\_

Signature of Director (or designee): \_\_\_\_\_